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PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

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Application Number	09/828,024
Filing Date	04/06/2001
First Named Inventor	Prell
Title	Method for Managing the...
Group Art Unit	
Examiner Name	
Attorney Docket Number	100802.000001

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Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Andrew J. Prell

Signature

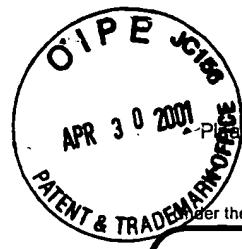
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*Total of 2 forms are submitted.

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SIGNATURE of Applicant or Assignee of Record

Name Igor N. Livitz

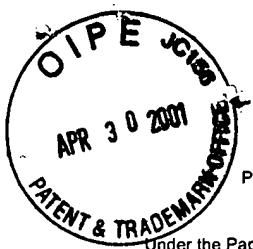
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/828,024
		Filing Date	04/06/2001
		First Named Inventor	Prell
		Group Art Unit	
		Examiner Name	
Total Number of Pages in This Submission	3	Attorney Docket Number	100802.000001

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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Remarks		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	James C. Eaves, Jr. Reg. No. 34,589
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